* INSTRUCTIONS FOR COMPLETING THE APPLICATION ARE AVAILABLE ON OUR WEBSITE AT: www.nassaucountyny.gov/assessor/index.html

PROPERTY IDENTIFICATION							
SECTION:(enter only one section, block		BLOCK:	LOT:				
PROPERTY ADDRESS:							
GROUPED PARCELS/ECONOMIC UNITS							
If this submission and lot numbers I		one tax lot, indic	ate the total number	of tax lots, and	d list the section, block		
Section	Block l	_ot	Section Blo	ock Lot _			
Section	Block l	_ot	Section Blo	ock Lot _			
Section	Block l	_ot	Section Blo	ock Lot _			
Check if relevant:	: ☐ All lots are cont	iguous 🔲 All lot	s are operated as an	economic unit			
	Additional lots are listed on an attached sheet						
REPORTING	YEAR AND A	CCOUNTING	G BASIS				
REPORTING YE	AR: FROM	_//	то	/			
ACCOUNTING B	ASIS CASH		☐ ACCRUAL				
Please pr	rovide income and exp	ense information fo	r the most recent calend	dar or fiscal year.			
PROPERTY	DESCRIPTION	N AND USES	(apartments, offices	, stores, industrial, w	varehouse, hotel, etc.)		
Basement							
1 st Floor							
2 nd Floor							
Floors 3 and abov	e						
DEBT SERV	ICE INFORMA	TION (within la	st 5 years)				
LOAN	LOAN DATE	TERM	INTEREST	PAYMENT	PAYMENT		
AMOUNT	LOAN DATE	IERW	RATE %	(P&I)	FREQUENCY (Mo. or Yr.)		
Ī	1	1	1	1			

Has an appraisal been performed on the real property in the last five years? $\ \square$ Yes $\ \square$ No

MAJOR CAPITAL IMPROVEMENTS

IMPROVEMENTS	DATE	COST / LIFE
		/
		/
		/

EXCLUDED FROM FILING BASED ON							
ONE OF THE FOLLOWING:							
☐ Vacant land, not income-producir	ng						
☐ Improvement to property is uninhabitable, not income-producing							
 ☐ Owned and used entirely by a nonprofit organization that is wholly exempt and does not receive rental income. 							
☐ Used exclusively as a residential	cooperative or condominium.						
☐ Primarily residential and contains	three or less units						
☐ Under construction and not leased/anticipated completion date/							
☐ Property acquired in 200_ and a full year income/expense statement is unavailable							
Sales Price \$ Date Acquired/							
OWNERSHIP AND CONTACT INFORMATION							
NAME OF OWNER(S):							
Is this form filed by the owner?	yes no If no, list the name or	f the person and their relationship to the property.					
Name	Relationship to t	he property					
Is the property occupied by the filer of	or related entities? yes no						
If yes, check one section/portion of property							
☐ entire	property						
* Property that is entirely owner–occupied or owner related entities must complete the Expense Data portion of this form.							
CONTACT PERSON	ORGANI	ZATION					
TELEPHONE	E-MAIL A	DDRESS					
CERTIFICATION							
I certify, under penalty of perjury, that the information contained within this form and the attached income and expense statement is accurate and truthful.							
SIGNATURE (required)	NAME (Print)	 DATE					